Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000027983 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6380

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Fax Number

: (561)694-1639

* Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FEB 01 2017

REGISTERED AGENT CHANGE JWSP LF2 INTERESTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H17000027983

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the c	orporation is: JWSP LF.	2 Interests, Inc.		
2. The principal offic	ce address: 400 CLEMA	ATIS STREET	SUITE 201	
WEST PALM BI	BACH FL 33401		<u> </u>	
3. The mailing addre	ss (if different): 2851 J	IOHN STREET	SUITE 1	
	NTARIO L3R 5R7 CA		•	The same of the sa
4. Date of incorporat	tion/qualification:	3/9/2007	Document Number:	P07000031076:
v	et address of the current	t registered ager	nt and registered office o	n file with the $\frac{1}{2}$
<u>_NR</u>	AI SERVICES, INC			g Triming
_12	00 South Pine Island Ro	ed		——————————————————————————————————————
Plan	tation FL 33324			
(if changed);	et address of the new re	gistered agent (if changed) and /or regis	tered office 💍
	rporate Creations Netwo	ork Inc.		
113	80 Prosperity Farms Ro	ad #221E		
Dat	P.O. Box) m Beach Gardens FL 3:	(Not acceptable)		
	of its registered office a		dress of the business of	ffice of its registered
Such change was as authorized by the bo	nthorized by resolution ard, or the corporation h	duly adopted bas been notified	by its board of directors in writing of the change	s or by an officer so
	LEAD .	by	Kristen Espinales as Attorne (Printed or Typed non	y-in-Fact
	an officer or director)			
I further agree to performance of my a agent. Or, if this do	comply with the provis luties, and I am familiar	tions of all sta with and accepterely to reflect	ree to act in this capacity tutes relative to the pr t the obligation of my po a change in the register ting of this change.	oper and complete sition as registered
(Signature 8)	Registered Agent)		01/30/20 (Date)	
If signing on behalf	•		(Date)	
Kristen Espinales, S	•			
Mail	Make Checks pay to: Division of Corp	YABLE TO FLOR ORATIONS, P.O	IDA DEPARTMENT OF ST BOX 6327, TALLAHAS	rate see. FL 32314
	ns International Inc. Farms Road #221E ens FL 33410			